

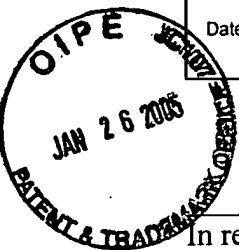
I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 521939579 US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: January 26, 2005

Signature: \_\_\_\_\_

(Grace Yu)

Docket No.: 273012011601  
(PATENT)



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Rubinah K. CHOWDHARY et al.

Application No.: 10/688,090

Filed: October 17, 2003

Group Art Unit: 1615

For: DRUG DELIVERY SYSTEMS FOR  
PHOTODYNAMIC THERAPY

Examiner: B. Fubara

**TRANSMITTAL OF DRAWING CORRECTION**

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Submitted herewith is one set (2 sheets, 2 figures) of corrected figures for filing in the above-identified Patent application.

As stated in the Draftsperson's Patent Drawing Review included in the Office Action mailed July 26, 2004, replacement figures in compliance with 37 CFR 1.84 (g) and 37 CFR 1.84 (l) are required. Specifically, the margins, lines, numbers, and letters have been corrected in Figures 1-2. The enclosed new figures correct these informalities.

Favorable consideration of the enclosed drawings is respectfully requested.

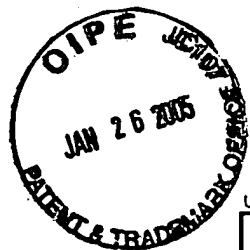
Dated: January 26, 2004

Respectfully submitted,

By Karen R. Zachow  
Karen R. Zachow, Ph.D.

Registration No.: 46,332

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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/688,090	
	Filing Date	October 17, 2003	
	First Named Inventor	Rubinah K. CHOWDHARY	
	Art Unit	1615	
	Examiner Name	B. Fubara	
Total Number of Pages in This Submission	28	Attorney Docket Number	273012011601

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (1 page + duplicate for fee processing) <input type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s) (Corrected, 2 Sheets) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Amendment/Reply (9 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Transmittal of Drawing Correction (2 pages) A copy of the Transmittal form, Information Disclosure Statement, PTO form 1449, and return receipt postcard stamped by the PTO on 11/24/03 (7 pages) A copy of the Form PTO-1449 as marked-up by Examiner (2 pages) A clean copy of Form PTO-1449 as previously submitted on 11/19/03 (2 pages) 25 References – previously disclosed on 11/19/03. Return Receipt Postcard
Remarks Customer No. 25225		

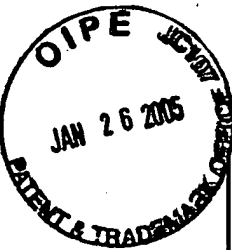
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP		
Signature			
Printed name	Karen R. Zachow, Ph.D.		
Date	January 26, 2005	Reg. No.	46,332

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Dated: January 26, 2005

Signature: (Grace Yu)

sd-241305



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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)  
510.00

### Complete if Known

Application Number	10/688,090
Filing Date	October 17, 2003
First Named Inventor	Rubinah K. CHOWDHARY
Examiner Name	B. Fubara
Art Unit	1615
Attorney Docket No.	273012011601

### METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account  
Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	0.00
Plant	200	100	300	150	160	80	0.00
Reissue	300	150	500	250	600	300	0.00
Provisional	200	100	0	0	0	0	0.00

#### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
-	=	x	=	0.00
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	
-	=	x	=	0.00

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-	-	/50	(round up to a whole number) x	=
				0.00

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	Fees Paid (\$)
	0.00
Other: 2253 Extension for response within third month	510.00

#### SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	46,332	Telephone	(858) 720-5191
Name (Print/Type)	Karen R. Zachow, Ph.D.	Date	January 26, 2005		